

STATE OF CONNECTICUT INSURANCE DEPARTMENT

Non-Resident Firm (other than Corporation) Reinsurance Intermediary

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the organized under the laws of _			ws of
(Name of Firm)			(State)
and with its principal place of business at	. 0 N 1	(0)	(0)
	eet & Number)	(City)	(State)
desiring to transact the business of a Reinsurance Intermed hereby make, constitute and appoint the Insurance Commi			
attorney in and for the State of Connecticut, on whom all p			
			proceeding against said Firm
(Name of Firm)	, may be	served in any action of	proceeding against said I iiiii
in the State of Connecticut, subject to and in accordance w	ith all the provisions o	f the laws of the State o	f Connecticut now in force.
and other such laws as may hereafter be enacted in relation			
as the agent of said Firm, to receive and accept services of			
such service shall be deemed personal service on said Firm			
and said Firm hereby waives all claims of error by reason			
Firm remains a licensed Reinsurance Intermediary and unt	til the Statute of Limita	tions has run against an	y and all claims that may
exist against said Firm because of their having done busine	ess under said license.		
IN WITNESS WHEREOF , I/we have hereunto signed m	ny/our names and affixe	ed my/our seal(s) this	day of, 20
	Print Name of Firm)		
(rimervame or rimi)		
By:	By:		
Signature		Signa	ture
Name of Person Signing		Name of Person Signing	
Title	_	Title	
CTATE OF			
STATE OF	gg.		
COUNTY OF	SS:		
COUNTY OF			
On this day of, 20	. before me. a Notary F	hublic/Commissioner of	the Superior Court for the
State of duly appointed to			
		_ (who are personally k	nown to me) and
(Name of Firm)		_ ,	,
severally acknowledged the execution of the foregoing ins	trument by them subsc	ribed; and being duly sv	worn, each for themselves
deposes and says, that they are respectively responsible pe	ersons of the firm, and t	he signatures as such w	ere duly affixed and
subscribed to the said instrument by the authority and dire	ction of the firm.		
		Notary Public/Commiss	sioner of the Superior Court
		My Commission Expire	ac.
		IVEN COMBINISSION EXDITE	.a.